**REMAP-CAP**

**Telephone Agreement/Consent Form**

This form is to be used in the following circumstances:

1. If a patient fulfils the eligibility criteria for the **REMAP-CAP trial** and has a Personal Legal Representative (*England/Wales/Northern Ireland*) or Nearest Relative/Guardian/Welfare Attorney (*Scotland*) who can give their opinion or advice on the patient’s behalf, but this person will not be available on site to provide written agreement during the trial timeline for inclusion.
2. If the patient has been discharged from hospital promptly prior to providing written retrospective consent, then this form can be used when contacting the patient via telephone to explain the study and answer any questions.

To enable agreement/opinion to take place, the PI or designee (as delegated this duty on the Delegation Log), may contact the Personal Legal Representative (*England/Wales/Northern Ireland*), Nearest Relative/Guardian/Welfare Attorney (*Scotland*), or patient by telephone. This telephone contact must be witnessed by a second member of staff who may be a member of the site study team or site medical staff. This witness must sign as indicated below.

|  |  |
| --- | --- |
| **Site Number:** |  |
| **Patient Study ID:** |  |
| **Name of Principal Investigator:**  (use CAPITALS) |  |

**Principal Investigator/designee to initial the boxes below**

|  |  |
| --- | --- |
| 1. I confirm that I have explained the study background to the patient or their representative and have read the appropriate Information Sheet to them. |  |
| 2. I confirm that the patient or representative has been allowed the opportunity to ask any questions or raise any concerns in relation to the study and have received an answer to these where applicable. |  |
| 3. I confirm that the patient or representative has indicated that they agree to them or their relative/partner/friend taking part in this study. |  |
| 4. I understand that written agreement/consent must be obtained as soon as possible, and the patient or representative must be provided with a copy of  the Information Sheet and written agreement/consent process followed at this stage, this can be sent and returned via post or email. |  |

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| --- | --- | --- | --- |
| Name of telephone consultee: |  | | |
| Relationship of consultee to the patient: |  | | |
|  | | | |
| Name of Person taking consent: |  | | |
|  | | | |
| Signature of Person taking consent: |  | Date: |  |
|  | | | |
| Name of Witness:  *\*Independent of the REMAP-CAP study team* |  | | |
|  | | | |
| Signature of Witness: |  | Date: |  |
| Job Title of Witness: |  | | |

After the telephone call, if appropriate, a copy of the relevant consent form may be posted (or emailed) to the patient or representative.

*1 original copy for ISF; 1 copy for participant; 1 copy for hospital notes*

*To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented, and stored in double sided format*